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Rationalism and the disembodiment of modern childbirth: the case for an ecology of childbirth

El racionalismo y la descorporalización moderna del parto: por una ecología del nacimiento

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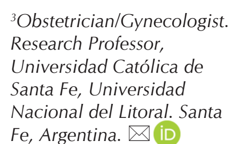

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ABSTRACT The paper proposes a genealogy of the biomedical paradigm surrounding childbirth, with the aim of deconstructing the principles of rationalism that led to the objectification of the body and to the consequent commodification of birth. We intend to demonstrate how such a conception of the body and of sensibility determines the birth process, which leads us to consider it an event that is relational in nature. Methodologically, this deconstruction is carried out through a critical-descriptive genealogy of the theoretical assumptions of the rationalist conception of the body. By developing the concept of *ecology of childbirth*, we intend to call into question this relational nature of the body and to recover the value of corporeality and embodiment as a language of proximity, within a theoretical framework of the ethics of difference. This vindication of the ecological-relational nature of sensibility has the potential to establish a dynamic of responsibility and cooperation capable of subverting the rationalist logic of control and the dominion of the current biomedical paradigm.
KEY WORDS Birth; Commodification; Social Control; Medicalization; Obstetrics.

RESUMEN El presente artículo ofrece una genealogía del paradigma biomédico del parto, con el objetivo de deconstruir los principios del racionalismo que condujeron a la objetivación del cuerpo y la consecuente mercantilización del nacimiento. Se pretende demostrar cómo dicha concepción del cuerpo y de la sensibilidad determina el proceso del nacimiento, en tanto acontecimiento de carácter relacional. Metodológicamente, esta deconstrucción se lleva a cabo a través de una genealogía crítico-descriptiva de los presupuestos teóricos de la concepción racionalista del cuerpo. A través del desarrollo del concepto de *ecología del parto* se propone, a su vez, repensar dicho carácter relacional a partir de una propuesta valorativa de lo corporal, es decir del cuerpo entendido como lenguaje de proximidad tomando como marco de referencia teórico la ética de la diferencia. Esta reivindicación del carácter ecológico-relacional de la sensibilidad tiene potencial para instaurar una dinámica de cooperación y responsabilidad que subvierta la lógica racionalista del control y el dominio que rige el paradigma biomédico vigente.
PALABRAS CLAVES Nacimiento; Mercantilización; Control Social; Medicalización; Obstetricia.

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INTRODUCTION

The incorporation of modern Enlightenment and rationalist postulates into the field of medicine has led to a complex process of scientification and medicalization of health care, which, in the field of obstetrics, has been reflected in the intervention and industrialization of childbirth.

Modern rationalism created the illusion of the dominion of reason over the *natural* world, which was later passed on to the childbirth process, resulting in a purely medicalized conception of childbirth that would respond to the medical and institutional attempts of total control of the situation, as well as of the mother and her newborn.

This study is based on the premise that the process of the industrialization of childbirth is a by-product of the modern rationalist approach centered on science and technology, which has generated a progressive disembodiment and decontextualization of childbirth. With the purpose of highlighting this relationship between disembodiment and modern rationalism, we have undertaken a reflexive theoretical deconstruction of the rationalist conception of the body, in an attempt to show that the current obstetric *praxis* is one of its results.

This deconstruction is conducted using a genealogical approach,[1] as a method of discursive analysis which enables a (somewhat arbitrary) selection of those factors considered to be most relevant in the shaping of the phenomenon under study.

By highlighting the dispersed, discontinuous and regular formation of discourses,[1] this methodology makes it possible to emphasize, precisely, that the current iteration of this phenomenon[2] is to a certain extent the arbitrary result of past contingencies.[3] These contingencies that are significant to the development of the phenomenon in question – childbirth in this case – are precisely that which permits the application of the genealogical method used in this study, even without addressing other influencing factors.

Therefore, unlike a chronology, the aim here is not to give an exhaustive presentation of the phenomenon as a historical fact, but rather to examine it as a complex framework composed of multiple factors. In fact, we aim to consciously address several of the theoretical underpinnings that make up the biomedical paradigm of childbirth, as if pulling on a thread to unravel a complex fabric of issues, in order to deconstruct the postulates that have woven it.

Finally, we discuss alternative perspectives and guidelines that represent inspiring proposals for the construction of a new paradigm of childbirth. In this sense, we propose an approach to corporeality that reconsiders the paradigm of control and dominance, in order to dismiss the modern conception of the body as object, giving way to a *corporeality of responsibility*. As this is a theoretical-reflexive analysis, this final discussion is opened as a perspective for further debate, thus avoiding definitive conclusions that would hinder the deconstructive process, a process that cannot be closed definitely.

This discursive proposal surrounding the concept of an *ecology of childbirth* is an attempt to contribute to the construction of a new paradigm of childbirth, which entails the proposition of an environment that is divested of all power and control, a setting in which responsibility prevails as the fundamental intersubjective bond. Entering this "non-control" environment permeated with irrationality, involves the reincorporation of decisive elements that have been ignored by modern Western medicine, such as its emotional, spiritual, corporeal, environmental and, above all, relational aspects.

MODERN DISIMBODIMENT OF CHILDBIRTH

Modern science, with the endorsement of the State, legitimized the biomedical or technocratic paradigm of medicine[4,5] as a hegemonic model of health care. This model is based on a rationalist and scientific paradigm of medicine that conceives humans as removed from their own corporeality, generating a mind-body dichotomy.[6]

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In the following sections, we will analyze the influence of rationalism in shaping this paradigm that dominates current childbirth practices using the genealogical method. We take as a starting point the assumption that the theoretical duality of mind and body created by Enlightenment rationalism justified the objectification of the body. In turn, the disembodiment of biological processes – childbirth among them – led to their mechanization and industrialization, promoting their control and commercial exploitation.

The genealogical method enables us to address the phenomenon of disembodiment based on discourses that deny corporeality. Through a perspectivist approach, we attempt to establish a theoretical approximation based on the discursive power of the practices in which discourses are expressed. Thus, the discourses of corporeality are addressed as *practices* that unmask the explanations in their own manifestations, rather than as enabling conditions – ultimately empirical – of rationality. This, in turn, allows for an approach that remains independent from empirical evidence, as an epistemological requirement of science in the metaphysical tradition, rooted in a truth of ideal significations and indefinite teleologies.[7]

Rationalism and the objectification of the body

The origins of the biomedical paradigm date back to the rise of modernity, to the assimilation of rationalist and Enlightenment postulates in the sciences and by Western culture in general. The mind-body dualism is a reflection of a classifying logic typical of modern reason, whose main organizing principles are clarity and distinctness.[8] This logic constitutes the main instrument of control of modern reason, which in order to dominate, must order, divide and classify in accordance with its parameters and schema.[9]

The exacerbation of rationality as central aspect of humanity has led to the hierarchization of mind and spirit over the body and sensitivity, which has resulted in the virtual separation of matter and interiority.[10,5] This separation gave rise to a rationalist approach to human interiority understood as *cogito* – as understanding, as mind – and thus, assumed to be governed by the laws of logic.[11] In this way, interiority – human "spirituality" – was reduced to *knowledge*; knowledge as the ability to grasp the world as an object, as a quantifiable and manipulable empirical datum. The world as *res extensa* is *surrendered* as a "datum" that offers itself to the control of the mind-spirit, from which nothing can be removed.

The body that belongs to the *world,* to the environment, to nature, thus becomes subdued to the rationalist logic of the mind that dominates it. This first led to reducing *life* to *bio*-logy, to quantifiable and measurable data with which science works. Second, this rationalist logic of quantification enabled, at the same time, the transformation of the body into a machine,[12] able to be divided into parts and repaired from the outside. In light of these processes of objectification, the spirit and the mind seemed to be able to remain immutable.[5]

The dignity of the modern subject is thus confined to *autonomy*, to *freedom*, and above all, to the sovereignty granted by the status of rational being. Human subjects are thereby considered essentially sovereign over themselves and their bodies, in control of their own sensitivity and emotions, and also of the environment.

Body and childbirth

Due to its deviation from the ideal male model of the body-machine, the female body was regarded by medicine, since its origins, as a defective and imperfect exception. Moreover, the changing and unpredictable dynamic that governs the female body has led it to be considered an object whose manipulation implied high levels of risk that had to be controlled by science. For this reason, modern obstetrics is not only concerned with a body-machine, but also with a body that is above all flawed and uncontrollable, and that deviates from scientifically pre-established standards.[13,5]

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On the one hand, this devaluation of female corporeality underestimated the pregnant woman's ability to complete the childbirth process, and on the other hand, overvalued scientific knowledge by granting disproportionate legitimation to health professionals' technical and scientific actions. This situation had an impact on the consequent institutionalization and systematic medicalization of childbirth, generating asymmetries in the relationships between birth attendants and pregnant women. Pregnant women were therefore assigned a passive and submissive role by implementing practices of subjugation and interventions. These practices were incorporated into the social imaginary and became *naturalized* as synonyms of care and good medical attention, causing them not only to be accepted and tolerated, but also to be often requested as the only means of efficient medical care.[14]

The pregnant woman is thus considered a "patient" that suffers from an illness, and childbirth a "disease" that must be cured. Therefore, the mind-body asymmetry is analogous to the asymmetry between the professional and the pregnant woman, wherein the professional performs his/her work under the guise of a science that manipulates, and the pregnant woman endures the role of object exposed to manipulation and control, which must be repaired and cured.[15,16]

In this dual scheme, individuals see themselves as separate from their bodies, as if their dignity resided "somewhere else," and therefore they *lend themselves*, "they lend their bodies" to situations that alienate them, but from which they seek to be removed. Then, they seem to possess freedom rather than corporeality, and the dignity that it implies thus lies in their autonomy as subject; that is, in the ability to have control over everything that is possessed, including their own bodies. The act of decision thus safeguards "dignity," regardless of the violations that it receives, as it is that same freedom that saves dignity, given the fact that freedom coincides with it. Hence, discourses that exalt and vindicate freedom as a supreme value, legitimize the systematic alienation that is carried out both by medical practice – given that it works with "inert objects" – and at the individual-personal level, as individuals consider themselves to be owners of a body-object which they can control and from which they can become separated.

This alienation of the self with respect to the corporeal body is expressed both in the relationship of the pregnant woman with her own body, and in the anonymous treatment that she receives from the attending professional. An example of this is the situation in which the pregnant woman decides to have a caesarean section performed not only "in order to feel no pain," but "to feel nothing at all," withdrawing from her own body, handing her body over for intervention. The same alienation can be observed when things are not called by name, referring to the part as if it were the whole. The pregnant woman ("the whole") becomes the treated object ("a caesarean section"). This systematic alienation, which is disguised under the aseptic discourse of science that promises total safety, can only manage to give meaning to the corporeal from a position of domination, submission and control.

This dual and asymmetric logic cannot be overcome, not even in light of the first feminist calls for egalitarian vindication; in the search for recognition, they left aside the corporeal feminine experiences of birth and sexuality, prioritizing modern Enlightenment, rationalist and efficientist factors related to the intellectual, political, and above all, economic activity. Along these lines, Goberna Tricas[17] refers to the work of Betty Friedman (*The Feminine Mystique*) and Simone de Beauvoir (*The Second Sex*) who, beyond their contributions to the emancipation of women – and indeed as a rejection of limiting the role of women to motherhood as their natural destiny – in the name of equality, highlighted intellectualism as a vindication of female freedom, thus reaffirming the modern contempt for the corporeal experience. Paradoxically, this has contributed to the consolidation of the objectification of the female body.[17] In this sense, we should acknowledge more recent contributions within feminism, which refer to a fundamental role

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of corporeality in the emancipatory process and even to the relational potential of the body, as a way of relating to the world.[8]

Childbirth, technocracy and hegemony

The hierarchization and overestimation of the metasensible sphere have conferred upon the intellect an aura of value that, in addition to granting a certain superiority to humans over all other beings, have enabled them to achieve the intended objectives of progress and development. This raised optimism with respect to science and technology, turning them into a model of excellence, into the ultimate and superior purpose of humanity.

This scientific optimism, in turn, promoted a general concern with safety and control, which affected all spheres of individual and social life, including childbirth. The serialization and systematization of childbirth became a necessity for controlling, dominating, and mechanizing them, as well as to be able to reproduce medical practices in a low-risk setting. This situation implied the need to calculate the times of the process, classifying them into standard patterns of cervical dilation, setting up deadlines, with alert and intervention thresholds. Consequently, the variation of those standards enables the automatic and immediate intervention to *adapt* the process to pre-established scientific criteria.

This standardization allowed to identify *a priori* specific risks of complications during delivery, thus creating opportunities to administer drugs (such as oxytocin), to schedule a caesarean delivery or to refer the pregnant woman to an institution that could offer a greater level of complexity in order to mitigate any perceived danger.[55] This process of medicalization and intervention of childbirth initially had a strong positive impact on the reduction of the rates of perinatal mortality. However, this led to an overvaluation of interventions, standardizing them as the only "safe" model of giving birth and being born, centered on unilateral and hegemonic medical and institutional assistentialism.[15]

The systematization of childbirth adopted a triggering dynamic, whereby each intervention leads to another intervention.[18,56] This is often reflected in the procedures for transporting pregnant women to health institutions. The transition from a known and safe environment – such as the pregnant woman's home, where labor usually begins – to the institutional setting (which is often unknown and associated with disease experiences) usually sets the sympathetic nervous system on high alert. This causes contractions to stop, and therefore the need to administer oxytocin to continue with the course of the intervention. Synthetic oxytocin, in turn, causes more painful contractions, increasing the demand for analgesics and for further interventions. The administration of analgesics is closely related to the increase in the number of caesarean sections; this has raised worldwide concern, as caesarean sections bring about harmful effects in the short and long term, both for the pregnant woman and her newborn.[19,20,21]

Thus, the standardization of childbirth has made possible a process of industrialization, likening institutions dedicated to childbirth to childbirth "factories." This standardized circuit of the birth process, as though it were a Fordist assembly line, enabled its incorporation into the economic circuit. The commodification of the standards, in turn, reduced delivery times in order to adapt them to the shorter times of the market, implying an increase in the intervention, instrumentalization and medicalization of the processes of childbirth.[15]

Hegemony and hostility

The technocratic model of childbirth is grounded in a subjectivist conception centered on the concept of identity. This conception extols the hegemony of the "self," of individual identity, generating a self-referential and individualistic dynamic that justifies any identity imposition as a way of securing the self-positioning of that hegemonic "self." In this self-referential and centripetal dynamic, the strongest identity – that which

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dominates and reifies all otherness – ultimately prevails, turning that otherness into one more object in the "environment."

The asymmetric physician-pregnant woman relationship is built in accordance with this logic of domination and hierarchy. The awareness of this asymmetry imprints a dynamic of confrontation onto the relationship, in which the reified subject feels subdued by a power that must be rejected and combated. The space of intersubjective interaction becomes, in this way, a battlefield, where the subdued subject seeks to *empower* herself in order to defend herself against the *powerful* subject that subdues her.

In effect, the discourse of empowerment responds to this identity-based logic of *subjectivity* that configures a form of individualistic social coexistence that works in accordance with the dynamic of hostility rooted in liberalism, implying a coexistence in which individual liberties can only be related through belligerent bonds. The concept of coexistence results from this sociality of *identity* and *subjectivity* as an aggregate of individuals whose self-affirmation *necessarily* implies the exclusion of other identities, of other subjectivities, against which they compete. Coexistence as hostile interaction of liberties that limit and exclude each other. Liberties of progress that compete and exclude each other while persevering in their being. Liberties that only seek to thrive, in a struggle that always excludes, and in which the Other is always and necessarily an opponent.

This logic of empowerment, in which everyone is a rival of everyone, underlies both the biomedical paradigm as well as those feminist vindications that combat it with claims for "individual empowerment."[22,23,24] Surrounding childbirth, this takes shape as an attitude of reciprocity which generates a specular reaction against that which is invoked. It is about attaining a centralism that none of the opposing parties calls into question, but a centralism that is simply pursued. Medical centralism seeks to be replaced by the centralism of the pregnant woman, who in turn wishes to recover the hegemony that belongs to her.[17]

CHILDBIRTH, CORPOREALITY AND JOY

By dividing interiority and corporeality and thus objectifying the body and any process that exceeds consciousness, the assistentialist model of childbirth neutralized the physiological, psychological, emotional and environmental aspects involved in pregnancy and birth processes, underestimating them as mere contingencies. Furthermore, by prioritizing scientific knowledge over all other types of knowledge, the hegemonic model of health care has ignored a considerable number of practical health-related practices and customs that had already been culturally internalized by non-Western societies, thereby imposing a paradigm shift in relation to traditional local ways of being born.[19]

The institutional expansion and consolidation of this paradigm were accompanied not only by a decrease in the number of perinatal deaths, but also by an increase in an overall negative consideration with regard to delivery times, especially from the point of view of pregnant women, who increasingly associate childbirth with a time that "they need to get through," thus depriving the women – but also the babies being born, their families and the health professionals – of the possibility of participating, of *living,* of experiencing the unique, significant and wonderful event of childbirth as such.[57]

Faced with this inability to live joyfully, the experience of childbirth responds to a cultural sedimentation of meaning consolidated in modernity, which has had a particular impact on the actors participating in the moment of birth. Recovering this capacity for joy means recovering a positive sense of the sensory and corporeal aspect in itself.

The recovery of the body

The predominance of the sensory-corporeal aspects at the time of birth has the potential for recovering the corporeality that has been alienated by the technocratic paradigm.

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Recovering the body in an ethical-relational perspective means deconstructing the conception of subjectivity proposed by rationalist intellectualism that, in order to exert control over it, transformed the body into an object, depriving it of subjectivity. It is precisely for this reason that we are not attempting here to oppose an alleged "nature" to the biomedical technocracy. For it is not only an attempt to evade a metaphysical-naturalistic discourse, but first and foremost, to open up the possibility of reactivation of a *praxis* that was previously considered obvious, and was later overwritten by the scientific discourse.

Despite all attempts of control and domination, childbirth occurs as an inherently unpredictable event, as it activates psycho-neuro-immuno-endocrine bodily circuits that act unconsciously,[19] triggering an "altered state of consciousness."[25] Therefore, the distress caused by the recovery of corporeality results in the discomfort of having to deal with a situation that is inherently uncontrollable.

The indomitable nature of childbirth stems from that aspect of the unconscious body. This is the reason why we are attempting here to recover a new dimension of the *meaning* of the corporeal; or rather, to recover "the corporeal origin of meaning"[26] from its contingent, idiosyncratic nature, which determines its "uncontrollable" and "unpredictable" self. Although rationalist idealism has attempted to establish the opposite, meaning emerges precisely from that *unsubstitutable singularity* of the contingent; in this case, the *inimitable gestures* of the actors who participate in the birth.[26]

The significant contingency of birth lies, precisely, in the paradox implied by the simultaneous exposure and retraction of the pregnant woman's body. The body of the laboring woman, while simultaneously enabling the intervention, by exposing herself, she removes herself from any kind of control in her uncontrollability and unpredictability.

This withdrawal of the laboring woman from any possibility of control is particularly evident in the total alienation from the moment of birth, when consciousness gives way to the body, which in the paroxysm of birth, eludes the dominion of technical knowledge.[25] Hence, it is in this escape and withdrawal where her dignity lies. In fact, dignity does not refer to an essence or an idea of value that is inherent in the "concept" of human body, but is actually enacted as a *withdrawal or retreat* from that which tries to manipulate it. This dignity coincides, precisely, with that distance, that insurmountable "separation"[27] that determines the very nature of otherness and difference, whereby the other actor becomes an "Other," withdrawing from any identity-based intervention of the power he/she is confronted with.

On the one hand, this vulnerability enables the intervention, but at the same time separation and distance – the withdrawal from control – demanding responsibility. Indeed, it is due to the vulnerability of the body at the moment of birth, expressed through its bashful "withdrawal," that an imperative emerges for the protection of the value that constitutes the corporeal as such. Thus, vulnerability brings about dignity, but through ambiguous gestures, as it requires intervention, but at the same time limits and guides it.

Thus, the notion of responsibility is identified as more primal and urgent than the notion of "control" and "freedom," given that "protecting" is not the same as controlling. The dignity that comes from vulnerability is, in this way, that which provides ethical grounds and fundamental purpose to the imperative of protection that brings intervening subjects closer, conferring on them their status of neighbors,[28] moving them, involving them, bonding them, "prior to any consciousness" of their functions and possibilities.[29]

In this sense, vulnerability coincides with a form of dignity without prerogatives, a dignity that paradoxically stems from a "non-power," a weakness, a fragility. A weakness that, however, generates a force that orders and demands protection.[30] The strength of this dignity lies precisely in its weakness.

This imperative that emanates from vulnerable bodies-in-labor reshapes the role of the bodies of those attending to the childbirth correlatively as responsible-bodies, from that weak force of vulnerability that compels them

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through mere appearance. A responsibility that comes from the corporeality that determines a peculiar type of "proximity;" namely, a *proximity of the neighbor*.[31,32]

Resignifying the body through its proximity implies conceiving it as a relationship, as interdependence at the level of an *ethical* space.[33] It means restructuring subjectivity in terms of its essentially relational nature. This ethical way of access to the corporeal-carnal subverts and upsets the rationalist logic of dominion that emerges from knowledge and will, as it calls into question any access that reduces the corporeal to its mere scientific-cognitive or political-sociological nature and that limits its understanding to the sole objectivity of its being or to its nature as an instrument for the realization of autonomy as a display of freedom.

For this reason, the ethical proximity through which the body is recovered as a site of proximity and responsibility does not obtain its meaning from geometric space or mere physical-objective contiguity, where symmetry and reciprocity prevail. Given that the ethical determination that qualifies the bodies of those attending to the childbirth does not flow from a mere confirmation or discovery of the laboring body that – as a corporeal, physical, "natural" object – would be vested with a special form of contingency through which it would elude the cognitive capacity that tries to understand and control it. The laboring body that the professional attends to is not defined by its ultimate meaning as a force with an ontological-physical nature that leads the bodies to come into contact. Its corporeal being is not reduced to the mere physical fact of constituting a force vector in opposition to the body that faces it at the same level. The uncontrollable body that withdraws to dominion does not do so through the mere strength of an "empowered" will that counteracts a more powerful will. Its bashful withdrawal from medical dominion and control does not occur as empowerment, nor does it make possible any political space, understood as the arena of struggle for the recognition of competing individual liberties.

Conversely, the space of proximity that corporeality establishes confirms the asymmetry implied by vulnerability, given that responsibility precisely stems from it. An asymmetry that, beyond all reciprocity, presents itself as compelling and urgent.

The recovery of joy

The rationalist, mechanistic and mercantilist division of the birth process strengthened the cultural meaning of childbirth as a purely *professional medical* act or practice. This caused a dissociation among those participating in the birth, which resulted in an alienation of the laboring woman not only with respect to those attending the delivery, but also with respect to the context, the infant being born and her own body.

This dissociation was reflected in an increasing neutralization of the emotional, affective, sensory and relational dimensions of childbirth, while the physiological, technical, political and economic dimensions were prioritized. The industrialization and consequent transformation of childbirth into a commodity disregarded the dimensions that do not have monetary exchange value; relational dimensions, which are constitutive of the ecological ties with the human and the non-human.

However, these neutralized relational dimensions reemerge, are present, and are revealed in the bodies of pregnant women in the form of negative experiences of childbirth:[34] fear of childbirth, perinatal distress, postpartum depression, and the experiences of detachment, frustration and abandonment in the bodies of infants being born and of newborns, whose psychological and even physiological consequences, as well as their epigenetic and social effects, have not yet been fully grasped. [35,36,37,38] These are experiences that modern medicine – along with pharmaceutics – can only camouflage, all the while incorporating them into their economic circuits.

Even the most avant-garde movements that seek a *positive experience* of childbirth fail to consider the role of the ecological-relational dimension of childbirth.[39] The weight of the scientific paradigm still manages to

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reduce childbirth to its mere objective dimension as an exclusively medical event, in which the pregnant woman and the infant being born appear as alienated, objectified, delivered into the hands of the professional within the framework of a health system that receives them with deontological indifference, "as any other." In this way, the pregnant woman is separated from her corporeality, as well as from the relational potential that it embodies not only with other humans, but also with all that is non-human that surrounds her.

It is this separation, this disconnection from the corporeal, that results in indifference towards otherness, "the other does not concern me," thus allowing an "emotional distance" on the part of the physician with respect to the laboring woman and the child being born,[40] at times even making possible the use of violence.[41]

However, the recovery of the body as proximity has the potential to reactivate the relational dimension of birth, restoring it as a joyous experience, as an event that implies encounter.

However, the category of "joy" that is so valued during childbirth, far from being reduced to a psycho-physiological and psycho-affective situation of the laboring woman, relates to a much deeper question. Joy, as explained by Levinas,[27] constitutes the non-objectifying way of linking subjectivity to its environment. Through joy, intentional relationships are formed with things *sui generis*, whereby they are not rendered as mere objects to a consciousness that represents them. Nor do they constitute the tools that, within a system, form part of the endeavor of a subjectivity that deploys its powers and possibilities through them. The world, the environment, is not a set of objects that are represented in joy, but rather that which *we live on,*[27] in the sense that there cannot be total constitution of that which ultimately is a condition of constitution itself. Joy evidences the excess of inherent meaning of the environment, wherein all subjectivity lies in its constitutive cognitive activity as that which is already constituted by that which it attempts to constitute.[42] The environment is above all else always a "point of support," the base, the place from which constitution takes place. And the primary way of relating to the environment, rather than as object, it is in the bodily *joy* of an irreducible vital intentionality.

This joy – without objectivity – of the affliction, of the carnality of consciousness,[27] is a powerless, profitless, useless joy; a joy without restraint, which occurs even in the midst of fatigue and tension, with pain as one of its modulations.

In the specific case of the laboring woman, this is a deep joy – analogous even to orgasm, mobilized and sustained by oxytocin itself[43,44] – which realizes the whole humanity of the pregnant woman in the act of entirely giving herself. It is precisely the joy of giving herself, the fruitful joy of surrender. Total self-surrender, which coincidentally involves the same organs and hormones as those involved in sexual intercourse,[19] in a complex, inexplicable moment that condenses one of the most precious experiences of humankind, in which "*the self is the Other.*"[45]

The moment of paroxysm of joy or pain in the moment of childbirth is *felt* life*,* a *radically lived moment,* unable to be assimilated to the *conscious life*[42] that explains, simplifies and trivializes everything in order to stabilize and control it. It is precisely for this reason that the *affective* paroxysm that occurs during childbirth cannot be expressed through concepts; in order to express it correctly, *we are always at a loss for words.*

The recovery of diversity

The exuberance of the sensory-corporeal aspect in the moment of childbirth, which rather requires darkness and warmth, is also carried out impurely, is refractory to light, freshness and the purity of reason. This *lack of reason,* this *altered state of consciousness*[35,46] in which the sympathetic and parasympathetic systems summon the unconscious,[47] are precisely those that enable a symbolic recovery of the corporeal as language of proximity.

As an ethical closeness to otherness, proximity occurs "without reason," without

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foresight, as an unpredictable spontaneity; because prior to being a conscious practice, it constitutes the imperative of protection, the force of the timid call of a bashful and vulnerable otherness that calls to action, demanding respect while imploring protection.

The moment of childbirth paradigmatically shows how proximity, the closeness of otherness, occurs both as a concrete act and as an ecology of language. This is because it is a human practice that is culturally signified, insofar as the treatment of the others is determined by the way of addressing them, through language, which in turn reflects a specific way of conceiving the body and even of relating to the otherness of the Other.

Resignifying childbirth from the ethical dimension that defines it implies reconsidering the very proximity of the corporeal-sensory, which *brings the other closer*, both human or non-human, qualifying them as neighbors. It therefore means revaluing the space of otherness, the *utopian place* of their meeting, which implies the careful retreat from the identity of the *guardian*, who intervenes only to protect, to care for, to respond to the prerogative of protecting the vulnerable. It is about making room for otherness by respecting its existence, its being the Other, its difference,[48] which ultimately becomes *deference* to the weakest.

This resignification of the sensory-corporeal as proximity, as a space for the other as such, a space for diversity, brings all otherness closer together in a sisterhood-brotherhood that recasts the public-social sphere as *a network that connects both those who are peers and those who are different*.[41]

Therefore, reconsidering the primal nature of the sensory-corporeal aspects of childbirth implies withstanding the expansive centripetal force of identity, to provide space for otherness, for difference, for diversity. It is the birth attendant – the attending professional during labor – who creates spaces for the laboring woman, who pushes and waits for her moment. The mother who makes room for the attending professionals when necessary. All other attendants who empathize with the fatigue of the laboring woman, who listen to her voice and her needs and respond to them. It is the pregnant woman who asks for water and receives it. It is the water that quenches the thirst of the laboring woman. It is the oxytocin that makes the mother vibrate and it is the mother that vibrates at her tempo.[49] It is the professional that makes room and invites the companion to come closer. It is the companion that massages the mother's back and the mother that makes room for the coming baby. It is the light that becomes dimmer, that is turned off to allow the darkness that will welcome the newborn. The mother's microbiome that, as a protective aura, is passed on to the baby being born. The mother and all the birth attendants that receive the new life and clear the way in order to make room for the newborn. In the dystopian world of ontology, where everybody struggles for *their place under the sun,*[11] this peculiar situation of making room for the Other occurs, thus generating an ethical or *utopian* space in which the withdrawal of identity makes room for diversity.

This means reconsidering all relationships, reweighing them, both with humans and non-humans, from this collective experience that elicits the cultural meaning of birth as an ecological, plural, socio-environmental event.

This ecological perspective of childbirth *befriends* not only the human participants in childbirth, the pregnant woman with her own body, with the coming baby, with the human birth attendants, with the "healthcare professionals," but also with all the microbes that are "secretly" but safely present during the *natural* childbirth and lactation, making them irreplaceable in such a way that no other similar process could replace them.[50,51,52]

This ecological perspective also recovers the role of the environment, space, light, water, earth and air in the birth process, particularly in relation to their decisive influence on the activation of the parasympathetic system in terms of feelings of safety and acceptance.[19,53]

The recovery of diversity that this ecology of childbirth proposes also implies the recognition of the diversity in ways of giving birth. As there is no hegemonic way of doing this, it

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is our duty to reconsider the diverse cultural plurality involved in the act of giving birth.[53]

TOWARDS A CORPOREALITY OF RESPONSIBILITY

The proposal for an ecological approach to childbirth is centered on regaining its relational meaning. It means conceiving childbirth based on relationships in which its very occurrence unfolds and is realized. Relationships with otherness, both human and non-human, thus encompassing both the social and the environmental, inasmuch as these relationships are redefined based on a dynamic of responsibility.

However, the birth attendants are "vested" with this responsibility beyond their conscious commitments and professional-ethical obligations, given that any intervention in the act itself implies an intrusion into an alien sphere of intimacy, in the other's personal space. In childbirth, this intrusion into the intimate sphere of the pregnant woman is shown paradigmatically. The mother-to-be appears bashful and exposed, she withdraws, coming closer to those who face her, vesting and conditioning their freedom of action (professional), precluding their indifference, forcing them to be *deferential*. The body, in the process of childbirth, calls for responsibility. A responsibility from which nothing and nobody in the environment can escape.

A responsibility whereby the self is *reluctantly* charged with the other, as it concerns and affects the self from the *here and now* of its freedom. That is why it precludes indifference in a primal way, as it always prompts action before any commitment, interest or conscience of duty. A primal responsibility prior to any medical deontology, which impedes taking distance, any non-implication. And that is why it occurs in the corporeal realm of proximity, as ethical closeness, beyond the accidental and contingent contiguity of the geometric bodies that, in the flat reciprocity of the neutral, have *nothing to do* with each other.

This relational redefinition, which in turn, resignifies childbirth as an event of proximity, restructures the very notion of subjectivity that, starting from responsibility, shift its axis from identity to otherness, as the subjectivity that structures responsibility is determined by the otherness that defines it. In this sense, motherhood can be postulated as the archetype of an othered subjectivity. This subjectivity of responsibility is *maternally* structured, as it gestates otherness in the intimacy of its *womb*.[30,45]

Perspectives

The responsibility that redefines childbirth as an ecological-relational event, *by dethroning the sovereignty of the self,* inspires *a return to the interiority of a non-intentional consciousness*,[11] a return that restores the *bad conscience* to the self, faced with its mere existence and its own ability-of-being, which in turn contrasts with the evident fragility of the other, in their vulnerability and exposure. This responsibility deactivates the political paradigm of identity by questioning and reversing Hobbes' logic of power as intrinsic hostility to humanity; it refers to otherness as such, in its difference that demands *deference*. For this purpose it restores the diversity and richness of coexistence in difference, in order to recover the inherently social meaning of childbirth as a collective, ecological "event," in which the "u-topia" is realized by effectively *making space* for each other for an effective plural coexistence. A coexistence that resignifies the biomedical paradigm of birth as a purely aseptic biophysiological event, which does not rule out fatigue, effort and even the pain of detachment, of separation, of birth. A coexistence of pure *selflessness* that resignifies that effort, even with pleasure and pain entailed in the commotion of welcoming the other, allowing for the possibility of the unpredictable, the inevitable, the uncontrollable. A coexistence that does not imply leaving everything to chance, but overcoming the mind-body/object dualism of modern rationalism that seeks to deny or to annul the spontaneous eventful nature of birth, of life.

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An event that reactivates the deep joy of meeting the newborn, but also joy of the body itself, with all the other attendants to childbirth – both human and non-human; with the earth, which is also the mother of mothers; with a transcendence that becomes effective in *a spirituality that does not entirely coincide with knowledge.*[54] An occasion of joyous experiences that reactivate the potential of childbirth as an event that is worth experiencing.

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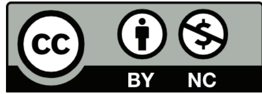

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